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CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

September 20, 2006

Janis Sigman, Manager  
Certificate of Need Program  
Facilities and Services Licensing  
Department of Health  
P O Box 47852  
Olympia, Washington 98504-7852

Dear Ms. Sigman,

This letter is written to notify the Department of Health that Family Home Care, a Medicare-certified provider of home health services, intends to seek Certificate of Need approval for establishment of a Medicare-certified hospice agency to serve the residents of Spokane County, Washington.

Through establishment of a Spokane County hospice, we plan to serve patients who have terminal illnesses and require end-of-life care. We will also serve the family members of these patients with supportive services including bereavement care. Many of those we serve will be cancer patients and many will be over age 65.

Our current estimate of capital costs is approximately \$20,000.

Family Home Care also requests that by October 15, 2006, the Department provide certain data necessary for us to prepare our application. Attached is a copy of our letter to you of July 5, 2006, requesting this data and citing the portions of Washington Administrative Code that require us to obtain it. To quote:

"As you know WAC 246-310-290, sub-sections (7) and (8) require that not only the department but also the applicant perform certain calculations as part of the CON application process. I am writing to request that, prior to August 31, 2006, the Department of Health publish the statewide hospice use rates, average length of stay, and resulting planning area need for additional agencies that it will use to evaluate in-home hospice CON applications due during October, 2006. Without this data, applicants cannot meet the requirement of WAC 246-310-290 subsections (7) and (8)."

Thank you for your assistance.

Yours truly,

Donna Goodwin  
Vice President of Operations